Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		P-11209.05					
		Carpenter et al					
Title	Extracorporeal	Blood Circuit Priming Method					
77110	L	· ·					

Totaly for new nonprovision	onal applications under 37 CFR 1.53(b))	Express	S Wall Label NO.	1FA 4190	312004	<u> </u>		
APPLICATION ELEMENTS			DRESS TO:	Assistant Cor Box Patent A		for Patents		
See MPEP chapter 600 cor	ncerning utility patent application contents	S				:		
See MPEP chapter 600 concerning utility patent application contents.  1.			ADDRESS TO: Box Patent Application Washington, DC 20231  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122					
	3 Sheet. See 37 CFR 1.76	17.						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) Of prior application No.:  Frior application information: Examiner:  Group Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
	19. CORRESPON					-		
Customer Number or Bar to	Code Label (Insert Customer No. or Attach	barcode (aba) ba	or	Correspon	dence address	below		
Name		-						
Address		·	· · · · · · · · · · · · · · · · · · ·					
City		State		Zip C	Code			
Country	Te	elephone		Fa	ax			
Name (Print/Type)	Daniel W. Latham Registration No. (Attorney/Agent) 30,401				401			
Signature	•		Date	12/22/	[ ويد ع/			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



Approved for use through 07/31/2006. OMB 0651-0030 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. C mpl te if Known FFF TRANSMITTAL

			-	Application Number		er					
for FY 2004			L	Filing Date							
Effective 10/01/2003. Patent fees are subject to annual revision.				First Named Inventor		tor Carpe	Carpenter et al				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name							
Applicant claims small entity status, See 37 CFR 1.27			Art Unit								
TOTAL AMOUNT OF	PAYMENT	(\$) 1148.00		Attorney Docket No. P-11209.05							
METHOD OF PA	AYMENT (check	all that apply)	FEE CALCULATION (continued)								
Check Credit ca	ard Money Order	Other None	3. ADDITIONAL FEES								
✓ Deposit Account:	Older _	_	Large Entity Small Entity								
Deposit Account 13-2546			Fee Code	Fee (\$)	Fee f Code	=ee (\$)	Fee	Description	Fee Paid		
Number	<del></del>		1051	130	2051	65	Surcharge - lat	e filing fee or oath			
Deposit Account Medtror	nic, Inc.		1052	50	2052		Surcharge - lat cover sheet	narge - late provisional filing fee or			
Name The Director is authorized	to: (check all that ar	oply)	1053	130	1053		Non-English sp		<b>├──┤</b> ┃		
Charge fee(s) indicated		it any overpayments	1812		1812 2	-	= -	ing a request for ex parte reexamination			
Charge any additional fe	ee(s) or any underpay	ment of fee(s)	1804	920*	1804		Requesting pu Examiner actic	blication of SIR prior to n			
Charge fee(s) indicated to the above-identified depo		e filing fee	1805	1,840*	1805 1		Requesting pu Examiner action	blication of SIR after on			
FEE	CALCULATION		1251	110	2251	55	Extension for	reply within first month			
1. BASIC FILING FEI	E		1252	420	2252	210	Extension for	reply within second month			
Large Entity Small Entity		Foo Boid	1253	950	2253		Extension for	reply within third month			
Fee Fee Fee Fee Code (\$)	Fee Description	Fee Paid	1254	1,480	2254			reply within fourth month			
1001 770 2001 385	Utility filing fee	770.00	1255	2,010	2255	1,005	Extension for	reply within fifth month			
1002 340 2002 170	Design filing fee	170.00	1401	330	2401	165	Notice of Appe	e of Appeal			
1003 530 2003 265	Plant filing fee		1402	330	2402		_	g a bnef in support of an appeal			
1004 770 2004 385	Reissue filing fe	<u> </u>	1403	290	2403		-	quest for oral hearing			
1005 160 2005 80 Provisional filing fee			1451 1452					itute a public use proceeding			
SUBTOTAL (1) (\$) 770.00				110	2452			ve - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1,330 1,330	2453 2501			ve - unintentional			
	Extra Claims	Fee from <u>below</u> <u>Fee Paid</u>	1502	480	2502		Utility issue fe Design issue f	· ·			
Total Claims 41 -20** = 21 X 18 = 378			1503	640	2503		Plant issue fe	· -			
Ciairis	- 3** = L X <u>L</u>		1460	130	1460	130	Petitions to th	ions to the Commissioner			
Multiple Dependent	L	=378	1807	50	1807	50	Processing fe	e under 37 CFR 1.17(q)			
Large Entity   Small Ent		ion	1806	180	1806			Information Disclosure Stmt			
Code (\$) Code (\$)	)		8021	40	8021	40	Recording eac	h patent assignment per s number of properties)			
1202 18 2202 1201 86 2201	<ul><li>9 Claims in exces</li><li>43 Independent cla</li></ul>	is of 20 ims in excess of 3	1809	770	2809	385		ssion after final rejection			
	•	ent claim, if not paid	1810	770	2810	385	For each addit	each additional invention to be			
1204 86 2204	43 ** Reissue inde over original p		1801	770	2801		•	CFR 1.129(b)) Continued Examination (RCE)			
1205 18 2205				900	1802		*	expedited examination			
6	Other	fee (sp	ecify)								
S **or number previously p			Basic Fi	ling Fe	e Paid	SUBTOTAL (3) (\$)					
SUBMITTED BY											
Name (Print/Type) Daniel W. Latham			Registration No. (Attorney/Agent) 30,401			30,4	101	Telephone 763-391-9661			
Signature	~ 2 1	11.7-			4000			Data (2./2.) /3			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestion for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.